**AL SENAVITIS**

**MISSION IMPACT FUND**

**(ASMIF)**

**Closing Report**



**SPECIAL OLYMPICS PENNSYLVANIA**

**ASMIF CLOSING REPORT**

Within 30 days of the completion of the project, the Local Programs must submit this closing report to the Field Director for deposit in the SOPA Dropbox created for ASMIF submissions. **Local Programs that do not submit the closing report are ineligible to apply for future grants until such time as the closing report is submitted.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Summary**

**Required Information:**

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Dollars Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the Project Goal?

Using the measurement criteria reflected in the original grant request, how successful was the project?

If the project was not successful, please explain why.

Now that the term of the grant has ended, will the project continue? Yes \_\_\_\_ No\_\_\_\_

If yes, what is the source of ongoing support?

**Optional:**

Outstanding accomplishments, noteworthy observations:

Any suggestions for the ASMIF application process?

**SPECIAL OLYMPICS PENNSYVANIA  
ASMIF CLOSING REPORT**

**Original Budget and Final Expenditures**

List all expenses from the project.

Include explanations, if necessary, on the attached sheet.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Budget Item** | **Budgeted ASMIF**  **Grant**  **$** | **Final**  **ASMIF**  **Expenditures**  **$** | **Budgeted**  **Other Sources\***  **$** | **Final**  **Other Sources\***  **Expenditures**  **$** | **Budgeted**  **Total**  **Project**  **$** | **Final**  **Project Expenditures**  **$** |
| Sports Equipment |  |  |  |  |  |  |
| Equipment – Rent/Lease |  |  |  |  |  |  |
| Transportation Services |  |  |  |  |  |  |
| Hotel/Housing Expense |  |  |  |  |  |  |
| Registration Expense |  |  |  |  |  |  |
| Facilities |  |  |  |  |  |  |
| Uniforms |  |  |  |  |  |  |
| Supplies |  |  |  |  |  |  |
| Contracted Services |  |  |  |  |  |  |
| Other (*Explain)* |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Totals** | **$** | **$** | **$** | **$** | **$** | **$** |

**\*Other Sources:** Other financial resources dedicated to this project (i.e. Local program $, other grant funds, in-kind $, etc.)

**The figures listed in the shaded areas should be the same as those reflected in the original budget sheet.**

Required Attachments:

Please submit copies of all receipts from project expenditures to the Regional Field Director with the closing report.

Any unused funds must be returned to the Finance Department of Special Olympics Pennsylvania at the time the closing report is submitted. Local Programs should use the ASMIF standard letter, a sample of which is attached to this report, to submit a check made payable to Special Olympics Pennsylvania for the return of unused grant funds.

**SPECIAL OLYMPICS PENNSYVANIA  
ASMIF CLOSING REPORT ATTACHMENT**

**Additional Information**

**Project Name:**

**Local Program Name:**

**Additional information and/or explanations:**

**SAMPLE LETTER for the RETURN of UNUSED ASMIF DOLLARS TO SOPA**

Local Special Olympics Program

Address

Date

Special Olympics Pennsylvania

Attention: Finance Department

2570 Boulevard of the Generals, Suite 124

Norristown, PA 19403

**Re: ASMIF Refund**

**ASMIF Grant Unique Identifying Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

To whom it may concern:

The (insert local program) has completed the (name of project). While the total amount of the award for this project was (insert $ amount), only (insert actual $ used) was actually used. A check in the amount of the balance of (insert amount to be refunded) is enclosed.

If there are any questions concerning this matter, please feel free to contact (contact person) at (contact email address and telephone number).

Thank you for the opportunity to participate in this program and for your attention to this matter.

Sincerely,

Local Program Manager